1 1 2 2 2 3 3 4 3 5 2 5 2 5 5 2 5 5 2 5 5	Inside Limits fee No Reside on Farm fee No Year 63 IF UNDER 24 HR Hours Min.
Rev. 4/59 Common County	admission) Inside Limits (es No Reside on Farm (es No Year 63 IF UNDER 24 HR Hours Min.
Continue	reside on Farm reside on Farm reside No Year 63 IF UNDER 24 HR Hours Min.
Continue	Year 63 IF UNDER 24 HR Hours Min.
Continue	Year 63 IF UNDER 24 HR Hours Min.
3. NAME OF DECEASED (Type or print) Lena Polk- Polk- Death Dev Death Dep Death S. SEX S. COLOR OR RACE Negro Norma Norma 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Norma 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Norma 11. BIRTHPLACE (City and staffs or country) 12. CITIZEN OF WH Norma Norma 13. MAME OF DECEASED First Months Day OF DEATH OF DOF DEATH OF DEAT	63 IF UNDER 24 HR Hours Min.
5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR 1 Months Days 1	Hours Min.
5 2 6 Negro Fema, e Negro Negro Negro Negro None 10b. KIND OF BUSINESS OR INDUSTRY None 11b. MOTHER'S MANE HOUSEMPTER'S NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 11c. CITIZEN OF WH None 13c. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 11c. CAUSE OF BEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 11d. Conditions, if any, which gave rise to above cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. If deceased wa there a pregnancy of the pregnancy of the part II. If deceased wa there a pregnancy on the part II. If deceased wa there a pregnancy on the part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased wa there a pregnancy on the part II. If deceased wa there a pregnancy on the part II. II. If deceased wa there a pregnancy on the part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased wa there a pregnancy on the part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased wa there a pregnancy on the part II. III. If deceased wa there a pregnancy on the part II. III. If deceased wa there a pregnancy on the part II. III. III. III. III. III. III. III	Hours Min.
10a. USUAL-OCCUPATION (Give kind of work done during most of working life, even if retired) None None Arkansas II.S. A None 13b. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [lif yes, give wer or dates of servi None 16. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Adenomacarcinoma of Jejunum with Metastasis to Liver Conditions, if any, which gave rise to belove cause (a), stating the underlying cause lest. Jung conditions contributing to DEATH but not related to the terminal disease condition given in PART II. (e)	
during most of working life, even if retired) None Arkansas II.S. A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was there a programm. Arkansas II.S. A Arkansas II.S. A II.S. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi None II. II.S. Washing ton II.S. Washing	IAT COUNTRY
Houseworker 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 1.4. NAME OF HUSBAND, OR, WIFE 1.5. ATHER'S NAME 1.5. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serving None 1.5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serving None 1.5. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Adenomacarcinoma of Jejunum with Un Metastasis to Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DuE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy of the property of th	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi None None 18. Cause of DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED 89: Mone None Roger Montgomery 1,371 Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi None None 18. Cause of DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED 89: Mone None Roger Montgomery 1,371 Washington	=
Yes, no, or unknown (If yes, give war or dates of servi None Roger Montgomery 1371 Washing ton 1371 Washing to	
PART II. DEATH WAS CAUSED BY: Metastasis to Liver Metastasis to Liver	
IMMEDIATE CAUSE (e) Adenomacarcinoma of Jejunum with Metastasis to Liver Conditions, if any, which geve rise to above cause (a), stating the underlying cause lest. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or pregnancy	VAL BETWEEN T AND DEATH
which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy disease condition given in PART I (a)	det.
which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy disease condition given in PART I (a)	
lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part iii. If deceased was there a pregnancy disease condition given in PART I (a)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
disease condition given in PART I (a) Orange Description Descript	s female was
19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of	Unknown
I€	
	
ZOC. TIME OF Hour Month, Day, Year INJURY s.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK farm, fectory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
21. I attended the deceased from 1=30-63 to 3=9-63 and last saw her him alive on 3=9-63	
NOT WHILE AT WORK 21. I attended the decessed from 1-30-63 to 3-9-63 and last saw her him alive on 3-9-63 Death occurred at 5800 a m on the date stated above, and to the best of my knowledge, from the cause	es stated.
Death occurred at	2c. DATE SIGNED
21. I strended the decessed from 1=30-63 to 3-9-63 and lest saw her him alive on 3=9-63 Death occurred at 5800 a. m on the date stated above, and to the best of my knowledge, from the cause 22b. ADDRESS 2601 N. Whittier	2-0-62
23e. BURIAL, CHEMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county)	3-9-63
REMOVAL (Specify) Removal Re	(State)
24. FUNERAL DIRECTOR ADDRESS ANAR 11 1963 Can Smith.	

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wall of attaces.

STATEMENT, BY LICENSED' EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

r.		, Student Embalmer No
working under my persona	I supervision.	Student Embalmer No.
Student	·····	Signed / allow C. Melly
Signature	of Student Embalmer	1190
2 x=0=8	\$(44 0 45)	Licensed Embalme No.
		.: 00:6 P. O. Address Will Drus M.
• •		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.